2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT P99000074613

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG -7 AM 10:07

1. Entity Name

SKYLINK JETS, INC.

Principal Place of Business	Mailing Address
5601 NW 15 AVENUE FORT LAUDERDALE, FL. 33309	5601 NW 15 AVENUE FORT LAUDERDALE, FL. 33309

2. Principal Place of Business	& Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1024719I** ☐ Applied For ☐ Not Applicable

& Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, WILLIAM J. ESQ. 777 BRICKELL AVENUE SUITE 1115 MIAMI FL 33131	Name RONALD L OBERHOLTZER Street Address (P.O. Box Number is Not Acceptable) 5601 NW 15 AVE. City FORT LAUDERDALE FL Zip code 33309

8 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Ronald L. Oberholtzer Ronald L. Oberholtzer, President 07/30/2001
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PESIDENT FRIAS, CARLOS 5601 NW 15 AVE FORT LAUDERDALE FL 33309 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RONALD L. OBERHOLTZER 5601 NW 15 AVE FORT LAUDERDALE FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ZUR, RAFAEL 5601 NW 15 AVE. FORT LAUDERDALE FL 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004538807--4 -08/16/01--01078--001 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ZUR, MONICA 5601 NW 15TH AVE. FORT LAUDERDALE FL 33309 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HARRY HENDRICKSON 5601 NW 15TH AVE FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/8/15 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: RAFAEL ZUR 07/30/2001 954 351 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #

AMENDMENT